PTO/SB/01(12/97)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Please type a plus sign (+) inside this box →

Declaration submitted with Initial Filing

Declaration
Submitted after Initial
Filing (surcharge
37 CFR 1.16 (e))
required)

Attorney Docket Number	PC10897ADAM					
First Named Inventor	John D. McNeish, et al.					
COMPLE	TE IF KNOWN					
Application Number	To be assigned					
Filing Date	Herewith					
Group Art Unit	To be assigned					
Examiner Name	To be assigned					

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	As a below named inventor						
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Li	I believe I am the original, firs names are listed below) of the	t and sole inv e subject mat	entor (if o ter which	only one name is listed below) o is claimed and for which a pate	r an original, first an nt is sought on the i	d joint inventor (if	plural
	f		MOD	ULATING RAMP ACTIVI	TY		
T	L			(Title of the Invention)			
2	the specification of which is attached hereto OR was filed on (MM/DD/	YYYY) [and wa	as Unito	ed States Application N	lumber or PCT Inter	
	I hereby state that I have reviewamended by any amendment	ewed and und	derstand te eferred to	the contents of the above identification	fied specification, inc		
	I acknowledge the duty to disc	close informat	tion which	n is material to patentability as o			
H	certificate, or 365(a) of any P America, listed below and have	'CT internation ve also identifi	nal applic ied below	C. 119(a)-(d) or 365(b) of any fo ation which designated at least by checking the box, any foreign date before that of the applica	one country other than application for pa	an the United Statent or inventor's	ates of
	Prior Foreign Application Number(s) Countr		ry	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	py Attached? NO	
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L	☐ Additional foreign application	numbers are	listed on	a supplemental priority data sh	neet PTO/SB/02B att	ached hereto:	
L				any United States provisional a			
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U.S. Parent Application Number or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)						tent Num <i>plicable)</i>	ber		
														
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As a named inv	ventor, I hereby	appoint the t	following re	egistered Customer or	ered practitioner(s) to prosecute this a mer Number or			nis application	riority data sheet PTO/SB/02B attached he application and to transact all business in the same of the			iness in the	Patent Place Customer umber Bar Code Label here	
			<u> </u>		d practitioner((s) name	registra						logictrotics	
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City	Groton	20 Of A	ica		State CT ephone 1-(860)-441-4901			Fax			441-5221			
I hereby der believed to punishable b application or	Country United States Of America Telephone 1-(860)-441-4901 Fax 1-(860)-441-5221 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor														
Given Name (first and middle [if any]) Family Name or Surname														
John D. Inventor's Signature						McNeis	sn				Date	•		
	Residence: City Mystic				State	СТ	Co	ountry (USA		Citiz	zenship	United States	
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City		New York	k I	State	NY	Zip	_	017		intry	USA			
☐ Addit	ional inventor	s are being	named c	on the su	ipplemental	Addition	nal Inve	entor(s) sh	eet(s)	PTO/SB	/02A a	attached h	ereto.	





PTO/SB/02A(3/97)
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

		Тп									
Name of Additional Joint	A petition	ion has been filed for this unsigned inventor									
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Walter C.											
Inventor's							Date				
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City	New York	State	NY	Zip	10017	Country	USA				
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	irst and middle [if					Family Name	or Surname				
John F.				Thompson)						
Inventor's			<u>L</u>				Date				
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Post Office Address											
City	New York	State	NY	Zip	10017	Country	United States				
Name of Additional Joint	Inventor, if any		A petiti	on has bee	n filed for thi	s unsigned inven	tor				
	irst and middle [if			Family Name or Surname							
Inventor's				•			Date				
Signature Residence: City			State	ľ	Country		Citizenship				
Post Office Address				<u> </u>							
Post Office Address				400							
City		State		Zip		Country					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature	<u> </u>	- 					Date				
Residence: City		Country		Citizenship							
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